

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
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46						
47						
48						
49						
50						
TOTAL IND.	2					
TOTAL DEP.	23					
TOTAL CLAIMS	25					

	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
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62						
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97						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE	
							APPLICANT(S)		
CLAIMS									
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT				
	IND	DEP	IND	DEP	IND	DEP			
1							51		
2							52		
3							53		
4							54		
5							55		
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8							58		
9							59		
10							60		
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29							79		
30	1						80		
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41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99	1	
50							100	1	
TOTAL IND.	↓		↓		↓		TOTAL IND.	↓	
TOTAL DEP.	←		←		←		TOTAL DEP.	←	
TOTAL CLAIMS							TOTAL CLAIMS		